

MDR Tracking Number: M5-04-3296-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 06-01-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The psychological interview rendered on 8/01/03 **was found** to be medically necessary. The health and behavioral assessment rendered on 8/29/03 **was not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 8/01/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 24th day of August 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

August 4, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3296-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Psychologist. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ suffered a work related injury on ___ that resulted in a medical diagnosis of thoracolumbar strain with secondary myofascial pain syndrome, according to Dr. S (December 8, 2001). Little evidence of formal psychological services is noted except for a neuropsychological evaluation conducted by Dr. P on 10-30-2000 that suggests a diagnosis of a depressive disorder and borderline intellectual functioning. There is indication that ___ was receiving antidepressant and anxiolytic medications from her general practitioner; however, there are no notes from said doctor. Repeated references to the patient's depressive mood are noted by Dr. S, Dr. N, and Dr. V that support a decision for the medical necessity of performing a psychological evaluation on 8-01-2003.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of psychological interview and health behavior assessment both on 8-29-2003.

DECISION

The reviewer agrees with the previous adverse determination regarding the health and behavior assessment. However, the reviewer disagrees with the previous adverse determination regarding the psychological interview.

BASIS FOR THE DECISION

The reviewer states that there is no evidence for the medical necessity for performing the health and behavior assessment, CPT code 96151, on 8-29-2003. According to the American Psychological Association, the Health and Behavioral Assessment CPT code 96151 is used for “a re-assessment of the patient to evaluate the patient’s condition and determine the need for further treatment.” It is not apparent that a re-evaluation was needed approximately 4 weeks after the initial evaluation was conducted on 8-01-2003. There is no medical documentation indicating a significant change in the patient’s emotional status during that 4 week period.

In addition, according to the American Psychological Association, “the health and behavior codes cannot be used for psychotherapy services addressing the patient’s mental health diagnosis... Use of the codes will enable reimbursement for the delivery of psychological services for an individual whose problem is a physical illness and does not have a mental health diagnosis.” Based on a review of the records, a diagnosis of Post-traumatic Stress Disorder was given on the Health Insurance Claim Form for the 96151 conducted on 8-29-2003 indicating ____ was given a mental health diagnosis. Therefore, a 96151 should not have been conducted on 8-29-2003.

In summary, a psychological interview 90801 was medically necessary to determine the nature of ____’s potential psychiatric condition based on several reports of ____’s depressive symptoms by Dr. S, Dr. N, and Dr. V. The reviewer finds that the 96151 was not medically necessary since there is no documentation of any significant change in emotional status by the patient in the 4 week period between the 90801 and the 96151. Also, the patient does not meet criteria for performing a 96151.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee’s policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,